

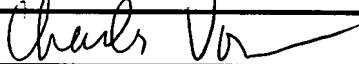
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 <small>PATENT & TRADEMARK OFFICE be used for all correspondence after initial filing</small>		Application Number 10/561,829 Filing Date June 25, 2004 First Named Inventor Shaharyar Khan Art Unit 1636 Examiner Name Kimberly A. Makar Attorney Docket Number GNC 0001
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)

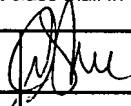
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Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Charles Vorndran, Ph.D.		
Date	October 25, 2007	Reg. No.	45,315

CERTIFICATE OF TRANSMISSION/MAILING

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*O I P E
OCT 29 2007
FEE TRANSMITTAL
For FY 2007*

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).
Effective on 08/08/2004.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	0.00
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Complete if Known

Application Number	10/561,829
Filing Date	June 25, 2004
First Named Inventor	Shaharyar Khan
Examiner Name	Kimberly A. Makar
Art Unit	1636
Attorney Docket No.	GNC 0001

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)
- 20 or HP =	x	=		50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
				360	180

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

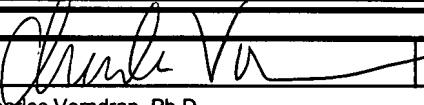
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 45,315	Telephone 404-879-2153
Name (Print/Type)	Charles Vomdran, Ph.D.	Date October 25, 2007	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Shaharyar Khan

Serial No.: 10/561,829

Art Unit: 1636

I.A.

Filing Date: June 25, 2004

Examiner: Kimberly A. Makar

For: *MODIFIED VECTORS FOR ORGANELLE TRANSFECTION*

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

Pursuant to the duty of disclosure under 37 C.F.R. §1.56 and 37 C.F.R. §1.97, Applicant submits a Supplemental Information Disclosure Statement, including five (5) pages of Form PTO-1449 and copies of the forty-six (46) documents cited therein.

This Supplemental Information Disclosure Statement is being filed under 37 C.F.R. § 1.97(b) prior to a first Office Action on the merits. It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge any required fees to Deposit Account No. 50-1329.

U.S.S.N.: 10/561,829
I.A. Date: June 25, 2004
SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT

Foreign Documents

<u>Number</u>	<u>Publication Date</u>	<u>Patentee</u>	<u>Country</u>
WO 97/27742	08-07-1997	Paik	PCT
WO 98/56938	12-17-1998	Baylor College of Medicine	PCT

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